| PATENT APPL | CATION F | EE DETE | RMINATION | RECORD | | TO AP | 1 8 plicati | APR 200 ion or Doci | S ket Numb |
|--|--------------------|--|--|-------------------|----------|-------------|----------------|------------------------|-----------------------|
| | Effective D | ccémbel (| 5, 2004 | | 1 | | | 179 | |
| | | | | SMAL | L-ENT | TY . | | | |
| U.S. NATIONAL STAGE FEE | (Co | lumn 1) | (Column 2) | TYPE | | | OF | UI SMA | HER THAI LLL ENTIT |
| BASIC FEE | | | | RA | TE | FEE | 7 | PATE | |
| | | NT. = \$ 150 | LARGE ENT. = \$ 30 | BASIC FEE | | - | 1 | - | |
| EXAMINATION FEE | (4) = \$ | T Article \$3(1)- 50 / \$ 100 | All other situations = \$ 100 / \$ 200 | FYAM 5 | EXAM FEE | | UK | BASIC FEE | |
| EARCH FEE | U.S. is ISA : | = \$ 50 / \$ 100 countries = | All other situations = | ┥ ├── | | | | EXAM. FEE | 130 |
| EE FOR EXTRA SPEC. PGS. | \$200 | /\$ 400 | \$ 250 / \$ 500 | SEARCH | FEE | | | SEARCH FE | ± 200 |
| | · m | inus 100 = | /50 = | X\$12 | 5= | | | V 6 050 | |
| OTAL CHARGEABLE CLAIMS | 12 " | ninus 20 = . | . • | X\$2 | ; | | | X \$ 250 | 170 |
| DEPENDENT CLAIMS | | minus 3 = . | · . | 1 | | | OR. | X \$ 50 = | |
| ULTIPLE DEPENDENT CLAIM P | RESENT | | | X\$10 | | | OR | X \$ 200 = | |
| If the difference in column 1 is | s less than zer | O. enter "O" is | n ookuma a | +\$ 180 | = | | OR | + \$ 360 = | |
| _ | _ | | | TOTAL | | | OR. | TOTAL | 900 |
| CLAIMS AS | AMENDE | - PART II | | | • | | | | _ |
| (Column 1) | · · | (Cotumn | | SMAL | L ENTI | TY (|)R | OTHER | THAN |
| Total - 2 | | HIGHEST NUMBER PREVIOUSI PAID FOR | PRESENT | RATE | | DDI- NAL | Γ | SMALL | ADDI- |
| Total • 12 | Minus | -20 | - | | | EE | L | TOTIE | TIONAL FEE |
| Independent • 2 | Minus | 2 | | X\$25= | | 0 | R : | X \$ 50 = | |
| FIRST PRESENTATION OF N | | ! ノ | | X\$100 | | Jo | R X | \$ 200 = | |
| | IOCITATE DEDE | NDENT CLAIR | M . | +\$ 180 = | 1 | O | ₹ | \$ 360 = | <u> </u> |
| | | | • | TOTAL ADDIT | | OF | | TAL ADDIT. | |
| (Column 1) | | (Column 2) | | _ | | | | FEE | |
| CLAIMS REMAINING | | HIGHEST NUMBER | (Column 3) | | | | | • | |
| AFTER AMENDMENT | | PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | TION | | 1 | RATE . | ADDI- |
| Total • | Minus | 17.00 | = | | FEI | | | | TIONAL FEE |
| ndependent * | Viinus | ita | | X \$ 25 = | | OR | X | \$ 50 = | |
| FIRST PRESENTATION OF MU | | | = | X \$ 100 = | | OR | X | 200 = | - |
| | CTIPOL DEPEN | DENT CLAIM | | + \$.180 = | | OR | + \$ | 360 = | |
| • | ٠. | | , | TOTAL ADDIT. | | OR | TOTA | L ADDIT. | |
| | • | | | (| | | (| FEE | |
| the entry in column 1 is less than the e the "Highest Number Previously Poids | nby in cotumn 2. w | rile °0" in cotomo | | | · | : | | | 1 |
| the "Highest Number Devices of Devices | OL METHIS SAVO | E is less than 20 | enter "or" | ٠. | | | | | l |
| ie "Highest Number Previously Paid Fo | (Total or Indepa | ndent) is the high | enter 3". est number found in th | e appropriate box | n column | • | | | |